

09/812802

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.L.P.E. CLASSIFIER	VINP	11	03-22-07
FORMALITY REVIEW	MIN	420	05-01-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

_____ Rejected
 _____ Allowed
 (Through numerals) _____ Canceled
 _____ Restricted
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 _____ Non-elected
 _____ Interference
 _____ Appeal
 _____ Objected

Claim	Date
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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